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\*\* CONTINUING DATA \*\*\*\*\*

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after conditions met Allowance	STATE OR  COUNTRY NH	SHEETS  DRAWING 2	TOTAL  CLAIMS 31	INDEPENDENT  CLAIMS 3
Verified and Acknowledged Examiner's Signature <u>W. A. T. H.</u> Initials <u>RM</u>				

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**TITLE**

Shaving apparatus

<p><b>FILING FEE</b></p> <p><b>RECEIVED</b> 968</p>	<p><b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT <b>ACCOUNT</b> No. _____ for following:</p>	<p><input type="checkbox"/> All Fees</p> <p><input type="checkbox"/> 1.16 Fees ( Filing )</p> <p><input type="checkbox"/> 1.17 Fees ( Processing of time )</p> <p><input type="checkbox"/> 1.18 Fees ( Issue )</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p>
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